

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-9445	OH-2 OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH. PROP LOSS <input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN CITY LEBANON		DATE OF CRASH 5/23/16	DAY Mon	TIME MILITARY 1050	
CRASH OCCURRED ON 5/23/16				WITHIN THE INTERSECTION OF Columbus Ave			
IF NOT IN INTERSECTION MILES FEET W S E OF 1500				LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO 1500		CITY CODE 8303	
LOG-1	LOG-2	LOC	JUR	FM	FLT		
A	UNIT NO 1	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN NON CONTACT	INSURANCE CO OR AGENT
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Unknown				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
PHONE NO		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO	STATE	DIVER'S LICENSE NO
OWNER (IF SAME AS DRIVER, WRITE SAME) Unknown				ADDRESS			
VEH YR		MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO 2	NO OF OCCUPANTS 0	OPERATING	PARKED	DRIVERLESS	HIT & RUN NON CONTACT	INSURANCE CO OR AGENT
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
PHONE NO		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO	STATE	DIVER'S LICENSE NO
OWNER (IF SAME AS DRIVER, WRITE SAME) Overberg Lisa J				ADDRESS 2341 N St Rt 128 Lebanon, OH 45031			
VEH YR 2006		MAKE Chrysler	MODEL Pt Cruiser	COLOR Black	STYLE SW	STATE OH	LICENSE PLATE NO GJ47693
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION	
ADDRESS		PHONE		SEX			
D	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION	
ADDRESS		PHONE		SEX			
E	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION	
ADDRESS		PHONE		SEX			
F	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION	
ADDRESS		PHONE		SEX			
INJURED TAKEN TO		By		RESTRAINTS			
INJURED TAKEN TO		By		RESTRAINTS			
OFFENSE CHARGED AND DESCRIPTION				EJECTION			
OFFENSE CHARGED AND DESCRIPTION				EJECTION			
RECEIVED CALL		DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	
DATE REPORT FILED		PHOTOS	OFFICER'S NAME	BADGE NO	CHECKED BY		
5/23/16		YES	PL & Houseman	117			

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO